RECEIVED CENTRAL FAX CENTER

SEP 2 2 2004

Glenn Patent Group 3475 Edison Way, Suite L Menlo Park CA 94025 Tel: 650 474 8400 Fax 650 474 8401

Customer Number 22,862

Certificate of Transmission Under 37 C.F.R. §1.8

I hereby certify that this paper and the papers and/or fees referred to herein as attached are being transmitted via facsimile to the United States Patent and Trademark Office, Attn: Customer Service, facsimile number (703) 872-9306 on Sept. 22, 2004.

Date of Deposit: 9/22/2004

Name of Person Making the Deposit

Rhonda Dunn

Signature of the Person

Making the Deposit:

Docket No.: QRSC0001

Art Unit: Unknown

Examiner: Unknown

In re Application of: Sheehan

Serial No.: 09/746,022

Filed: 12/21/2000

Title: Multi-Round Auction and Internet Marketplace

Date: April 30, 2004

To:

United States Patent and Trademark Office

Attn: Customer Service

Fax:

(703) 872-9306

Pages (including coversheet): 2

Attached to this facsimile coversheet please find the following documents:

 Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 sheet) PTO/SE/83 (09-03)
Approved for use through 11/30/2005. CMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number.

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

	Application Number	09/748,022	
	Filing Date	12/21/2000	RECEIVED
-	First Named Inventor	Sheehan	CENTRAL FAX CENTER
	Art Unit	Unknown	OLIVICA .
	Examiner Name	Unknown	SEP 2 2 2004
	Attorney Docket Number	QRSC0001	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450											
Please	Please withdraw me as attorney or agent for the above identified patent application, and										
	all the attorney	s/agents of record.									
	the attorneys/agents (with registration numbers) listed on the attached paper(s), or										
<u>x</u> t	he attomeys/s	gents associated with Customer Number 22862									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.											
The reasons for this request are:											
CORRESPONDENCE ADDRESS											
1 🗌 T	e correspond	ence address is NOT affected by this	s withdra	wal,							
2. Change the correspondence address and direct all future correspondence to:											
Custo	mer Number:										
OR		•									
	n <i>or</i> ividual Name	QRS Corporation			—						
Address		1400 Marina Way South									
Address				_							
City		Richmond	State	Califo	rni	â	Zip	94804			
Country Telephone		U.S.A.									
		510-965-4580			Fax	510-621-4580					
Name Michael A. Glenn											
Signature	n	\sim		Registration No		30,176	}				
Date September 22,		2004		Telephone No.		650-474-8400					
NOTE: Withda	NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally response.										

This collection of Information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.